

Parks and Recreation

3500 South Rural Road, Tempe, AZ 85282



Varsity Instructional Softball Camp For Girls in Grades 4-12

- Five Saturdays of intense softball camp activity. Camp starts January 12 and ends February 9
- High School varsity softball coaches will provide instructions
- Program will culminate in a "Triple Threat" Contest that will score each participants hitting, fielding, throwing and base running skills.
- Every participant will receive a camp T-shirt.
- Participants are grouped as follows: 4-6th Grade; 7-9th Grade; 10-12th Grade
- Camp will be held on Saturdays at Kiwanis Ballfields.
- Choose the best time for you: 8-10 AM or 10 AM-12 PM.

A GREAT PROGRAM AT AN AFFORDABLE FEE!

\$50 Includes top quality instruction, a camp T-shirt and the "Triple Threat" Contest.

EASY TO REGISTER:

Mail or bring in registration form to:

Parks and Recreation Office, 3500 South Rural Road,

Tempe, AZ 85282, during our regular office hours:

Monday-Friday 8 AM-5 PM.

For more information call: 350-5200 or TDD: 350-5050

2002 GIRLS VARSITY SOFTBALL CAMP

Name _____ Phone (hm) _____ (Parents wk) _____

Address _____ City _____ Zip _____

School _____ Grade _____ Age _____ Birthdate _____ Sex _____

E-Mail Address _____

REGISTRATION CODE (circle one)

Time

8-10 AM

LHAWK14

10 AM-12 PM

LHAWK15

Waiver of Liability: With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will. I will require the following accommodation to participate: _____

Signature of Parent or Guardian

Date

Fee: \$50

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Tempe Parks and Recreation

Info: 480-350-5200/TDD: 480-350-5050

www.tempe.gov/pkrec